·	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. SERIAL NO. FILING DATE APPLICANT(S)						
	AS FILE	ED	AFTER 1" AMENDMENT		AFTER ^{2 M} AMENDMENT		CLAIM	S	AST	ZILED	AFTER		A DTED		
	IND. DEP.		IND. DEP.		IND.	DEP.	1 1			AS FILED		1 ⁴ AMENDMENT		AFTER 2 ** AMENDMENT	
2			. /					5.1	IND.	DEP.	IND.	DEP.	IND.	DEI	
3	9	2						52							
5.		3	•				· }-	53							
6		5						55				-			
7 8	9	2					-	56						<u></u>	
9	\(\frac{\lambda}{\gamma}\)	3					-	<u>57</u> 58							
10	Q	21						59				· ·			
$\frac{11}{12}$	- 9	马				 .	-	60							
13	1	6						62						······································	
14	0	2						63				-			
15 16								64 65							
7	1	5						66	-						
8		るし					-	67							
9.	7			- 1			-	68 69						•	
1	A	5						70				·		· · · · · · · · · · · · · · · · · · ·	
3		2						71							
4.	1	-				·		73	· ·						
5			7					74				·			
6 7		_						6							
8		-						7							
9 .					<u>·</u>			8							
0 1.		_						$\frac{9}{0}$							
2		_					8	1							
3							8								
							8								
		-					8.	,			-				
							87								
		ļ					88								
			<u> </u>	· · ·		_	89						_		
							90								
		ļ					91							-	
		ļ					93					-			
							94							4	
							95 96						-	-	
							97								
	-						98			·					
			-				99					-	 	1	
ND.		2	1	_		-	100		-					1	
EE 24	•	23		<u></u>			TOTALIN	D.	_ ◆				1		
19/	**	1			657		TOTAL DE						J . *		